

**Companion Document For**  
**ANSI ASC X12N 277 4010A1 (Health Care Claim Response) Receipt from**  
**Alabama Medicaid**

**Original Publication Date: January 2003**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 276/277 implementation guides have been established as the standards of compliance for Health Care Claim Response transactions. The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 276/277 implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 276/277 implementation guide. Additional companion documents will be developed for use with other HIPAA standards as they become available.

**Note:** *The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. A copy of the most current version of this companion document can be obtained from the internet at <http://www.medicaid.state.al.us/HIPAA/index.htm>.*

**THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE.**

| ITEM # | LOOP  | SEGMENT NAME                   | LANGUAGE   |
|--------|-------|--------------------------------|--|
| 1.     | ----- | -----                          | Alabama Medicaid will send Health Care Claim Response data in upper case.  |
| 2.     | ----- | -----                          | The 277 data will utilize the basic character set as defined in Appendix A of the 276/277 Implementation Guide. In addition to the basic character set, the '@' symbol from the extended character set may also be utilized.                                     |
| 3.     | ----- | -----                          | Delimiters will be: tilde (~) for segment separators, asterisk (*) for data element separators, and a colon (:) for component data element separators.   |
| 4.     | ----- | -----                          | All dates on the 277 transaction will be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide.   |
| 5.     | ----- | -----                          | Alabama Medicaid will only return one GS-GE transaction type (Functional Group) per ISA-IEA interchange (transmission).  |
| 6.     | ----- | -----                          | Alabama Medicaid will only return one transaction per functional group; only one ST-SE (Transaction Set) within a GS-GE (Functional Group).  |
| 7.     | ----- | -----                          | A 997 Functional Acknowledgement is expected to be returned to AMMIS.  |
| 8.     | ----- | -----                          | Providers will now see '19000101' displayed in the paid date field if a claim(s) has been adjudicated but has not gone through a check-write cycle. Once the claim(s) processes through the check-write cycle, it will display the appropriate check-write date. |
| 9.     | ----- | Interchange Control Header     | 'ZZ' will be sent as the Interchange ID Qualifier (ISA05), which is associated with the Interchange Sender ID (ISA06).   |
| 10.    | ----- | Interchange Control Header     | '752548221' will be sent as the Interchange Sender ID (ISA06).   |
| 11.    |       | Interchange Control Header     | 'ZZ' will be sent as the Interchange ID Qualifier (ISA07), which is associated with the Interchange Receiver ID (ISA08).   |
| 12.    | ----- | Interchange Control Header     | The Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes will be populated in the Interchange Receiver ID (ISA08).                                   |
| 13.    | ----- | Functional Group Header        | GS08 will be populated with '004010X093A1' and all changes per the addenda will be incorporated in the 277 transaction.  |
| 14.    | 2200D | Claim Level Status Information | 'CHK' or 'FWT' will be sent as the Payment Method Code (STC07).  |

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| <b>ITEM #</b> | <b>LOOP</b> | <b>SEGMENT NAME</b> | <b>LANGUAGE</b>   |
|---------------|-------------|---------------------|---|
| <b>15.</b>    | 2000E       | Dependent Level     | Dependent Level information is not used by Alabama Medicaid and will not be returned within a Health Care Claim Response transaction. |